

Burnley Group Practice COMPLAINTS PROCEDURE

General Provisions

The Practice will take reasonable steps to ensure that patients are aware of;

- a. The Complaints Procedure
- b. The role of NHS England and other bodies in relation to complaints about services under our contract. This includes the ability of the patient to complain directly to the CCG and to escalate any complaint to the Ombudsman.
- c. Their right to assistance with any complaint from independent advocacy services.
- d. This procedure is readily available to all staff via the shared internal drive and would be available to patients upon request.

PROCEDURE

Receiving Complaints

The Practice may receive a complaint made by or (with their written consent) on behalf of a patient, or a former patient, who is receiving, or has received, treatment at the Practice, or:-

1. where the patient is a child;
 - (i) By either parent, or in the absence of both parents, the guardian or other adult who has care of the child.
 - (ii) By a person duly authorised by a local authority to whose care the child has been committed under the provisions of the Children Act 1989;
 - (iii) By a person duly authorised by a voluntary organisation by which the child is being accommodated.
2. where the patient is incapable of making a complaint:
 - (i) by a relative or other adult who has an interest in their welfare

All complaints, written and verbal, will be recorded. Written complaints will be acknowledged by letter within 3 working days of receipt.

Period within which complaints can be made

The period for making a complaint is:

- a. 12 months from the date on which the matter which is the subject of the complaint occurred; or
- b. 12 months from the date on which the matter which is the subject of the complaint comes to the complainant's notice.

Complaints will, normally, be resolved within 6 months. The patient will be kept informed of timescales.

Should there be good reason for the complainant not making the complaint within the 12 month period the Senior Partner has the discretion to extend the time limits. This is subject to it being possible to fully investigate the complaint despite the extended delay.

When considering a time length extension the Senior Partner will take into consideration that the passage of time may prevent an accurate recollection of events by the clinician, or other involved person, or the complainant. It may also be difficult to accurately collect evidence, Clinical Guidelines or other resources relating to the time when the complaint arose. These factors may be considered a suitable reason to decline a time limit extension.

Complaints Handling

The Practice has a nominated Complaints Manager, Mrs Julia Moseley, Business Partner. In the absence of the Complaints Manager the Practice Secretary, Miss Susan Stopforth will assume responsibility.

The Complaints Manager is responsible for the operation of the complaints procedure and to ensure that action is taken in light of the outcome of any investigation.

Action upon receipt of a complaint

Complaints may be received either verbally or in writing and must be forwarded to the Complaints Manager who must:

- a. Acknowledge in writing within the period of 3 working days beginning with the day on which the complaint was made or where that is not possible (weekends), as soon as reasonably practicable. The patient will be advised on the next steps and the possible timescales involved.
- b. Ensure the complaint is properly investigated. Where the complaint involves more than 1 Organisation's Complaints Manager she will liaise with her counterpart to agree responsibilities and ensure a co-ordinated response is sent.
- c. Where the complaint has been sent to the incorrect Organisation she will advise the patient within 3 working days and ask them if they wish the complaint to be forwarded on. If the complaint is sent on the patient will be advised, in writing of the full contact details.
- d. Within a reasonable time scale, which will be advised in writing to the patient, a written response will be provided. This will include a full report and a statement advising them of their right to take the matter to the Ombudsman if required.
- e. Where the complaint is of a clinical nature it will be investigated by an independent clinician within the practice.

Unreasonable Complaints

Where a complainant becomes aggressive or, despite following Complaints Procedure, unreasonable in their promotion of the complaint the following formal provisions may apply. Any provisions will be communicated to the complainant:-

- The complaint will be managed by one named individual at senior level who will be the only contact for the patient.
- Contact method will be advised (e.g. letter, telephone)
- There will be a time limit set for each contact
- The number of contacts within a time period will be restricted.
- There will be a witness present for all face to face and telephone contacts.
- Repeated complaints from the same complainant for the same issue will be refused
- Further correspondence in respect of closed matters will only be acknowledged not responded to.
- Expected standards of behaviour will be advised
- Irrelevant documentation will be returned.
- Detailed records of all contact will be kept.

Final Response

Final response letters to the complainant will include:

- A clear statement of the issues raised, investigations undertaken and their findings. Clear evidence based reasons for decisions will be given where applicable.
- Where errors have occurred these will be explained as fully as possible and it remedial action to prevent repetition will be given.
- The response will focus on fair and proportionate outcomes for the patient. This will include an remedial action.
- The response will include a clear statement that the response is final.
- There will be an apology or explanation as appropriate

- A statement giving the right to escalate the complaint together with relevant contact information will be included.

Confidentiality

All complaints must be treated in the strictest confidence.

Where the investigation of the complaint requires consideration of the patient's medical records, the Complaints Manager must inform the patient or person acting on their behalf if the investigation will involve disclosure of information contained in those records to a person other than the Practice or an employee of the Practice.

The Practice must keep a record of all complaints and copies of all correspondence relating to complaints, but such records must be kept separate from patients' medical records.

Statistics and reporting

The Practice must submit to NHS England via the primary care web tool, on an annual basis, the details of the number of complaints received and actioned, together with any learnings or changes to procedures which have occurred as a result of the complaint. The report will be made available to any person who requests it and, if required, will form part of the Freedom of Information Act Publication Scheme.

The statistics will include:-

- Number of complaints received
- Analysis as to justification
- Known referrals to the Ombudsman
- Subject matter/categorisation/clinical care
- Learning points
- Method of complaint management
- Any changes to procedure, policies or care which have resulted from the complaint
- Ethnicity

Appendices

1. Flow Chart

Supporting Documents

1. Complaint Review Form
2. Complaint Leaflet
3. Complaint form
4. 3rd Party Consent Form – stored in complaints folder standard documents.